

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

Date Received
Official Use Only

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A Public Document 04 MAR 30 PM 2:04

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Mayberg, Stephen W.			(916) 654-2309
MAILING ADDRESS (May be business address)	STREET	CITY	STATE ZIP CODE
			OPTIONAL: FAX / E-MAIL ADDRESS

1. Office, Agency or Court

Name of Office, Agency or Court:
Department of Mental Health
Division, Board, District, if applicable:
Director's Office
Your Position:
Director
→ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)
Agency: State Independent Living Council
Position: Member

2. Jurisdiction of Office (Check at least one box)

- ☒ State
☐ County of _____
☐ City of _____
☐ Multi-County _____
☐ Other _____

3. Type of Statement (Check at least one box)

- ☐ Assuming Office/Initial Date: ____/____/____
☒ Annual: The period covered is January 1, 2003, through December 31, 2003.
-or-
☐ The period covered is ____/____/____, through December 31, 2003.
☐ Leaving Office Date Left: ____/____/____
(Check one)
☐ The period covered is January 1, 2003, through the date of leaving office.
-or-
☐ The period covered is ____/____/____, through the date of leaving office.
☐ Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

→ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 ☒ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B ☒ Yes - schedule attached
Real Property

Schedule C ☒ Yes - schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D ☐ Yes - schedule attached
Income - Loans

Schedule E ☐ Yes - schedule attached
Income - Gifts

Schedule F ☒ Yes - schedule attached
Income - Travel Payments

-or-

→ ☐ No reportable interests on any schedule

Total number of pages

completed including this cover page: 6

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

2-19-04

Signature

(File the originally signed statement with your filing official.)

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Division, Board, District, if applicable:

Director's Office

Your Position:

Director

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Agency: State Independent Living Council

Position: Member

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☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

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Schedule A-2 ☒ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☒ Yes – schedule attached
Real Property

Schedule C ☒ Yes – schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D ☐ Yes – schedule attached
Income – Loans

Schedule E ☐ Yes – schedule attached
Income – Gifts

Schedule F ☒ Yes – schedule attached
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-or-

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Total number of pages
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 7-19-04

Signature [Redacted]

(File the originally signed statement with your filing official.)

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Stephen W. Mayberg, Ph.D.

> NAME OF BUSINESS ENTITY

General Electric

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock☐ Other _____

(Describe)

IF APPLICABLE, LIST DATE:

____/____/03 ____/____/03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock☐ Other _____

(Describe)

IF APPLICABLE, LIST DATE:

____/____/03 ____/____/03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

Intel

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock☐ Other _____

(Describe)

IF APPLICABLE, LIST DATE:

____/____/03 ____/____/03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock☐ Other _____

(Describe)

IF APPLICABLE, LIST DATE:

____/____/03 ____/____/03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

Nokia

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock☐ Other _____

(Describe)

IF APPLICABLE, LIST DATE:

____/____/03 ____/____/03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock☐ Other _____

(Describe)

IF APPLICABLE, LIST DATE:

____/____/03 ____/____/03
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Stephen W. Mayberg, Ph.D.

> 1. BUSINESS ENTITY OR TRUST

Stephen W. Mayberg, Ph.D.

Name

Address

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Psychological Services

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☒ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/03
ACQUIRED

____/____/03
DISPOSED

NATURE OF INVESTMENT

☒ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION Owner

> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☒ \$1,001 - \$10,000

> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/03
ACQUIRED

____/____/03
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

> 1. BUSINESS ENTITY OR TRUST

Name

Address

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/03
ACQUIRED

____/____/03
DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION _____

> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☐ \$1,001 - \$10,000

> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

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☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/03
ACQUIRED

____/____/03
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Stephen W. Mayberg, Ph.D.

NAME OF SOURCE
Stephen W. Mayberg, Ph.D.

ADDRESS
1109 Kennedy Place, Suite 3, Davis, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Psychological Services

YOUR BUSINESS POSITION
Owner

GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary ☐ Spouse's Income ☐ Loan repayment
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

➤ NAME OF SOURCE _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's Income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

Comments: _____

SCHEDULE F
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Stephen W. Mayberg, Ph.D.
--

- **Reminder – you must mark the gift or income box.**
- **You are not required to report “income” from government agencies.**

<p>➤ NAME OF SOURCE Paraxel</p> <p>ADDRESS 1101 King Street, Suite 600</p> <p>CITY AND STATE Alexandria, VA 22314</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE Educational Publication</p> <p>DATE(S): <u>7 / 18 / 03</u> - <u>7 / 20 / 03</u> AMT: \$ <u>710.00</u> <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Travel expenses to present and</u> <u>participate in Mental Health Advisory Board Meeting</u></p>	<p>➤ NAME OF SOURCE</p> <p>ADDRESS</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>
<p>➤ NAME OF SOURCE</p> <p>ADDRESS</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>➤ NAME OF SOURCE</p> <p>ADDRESS</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>

Comments: _____

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PRACTICES COMMISSION

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Dolezal	Elizabeth	Ann	(916) 654-2689
MAILING ADDRESS (May be business address)		STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]		[REDACTED]	[REDACTED]

1. Office, Agency or Court

Name of Office, Agency or Court:

Developmental Services

Division, Board, District, if applicable:

Administration

Your Position:

Acting Deputy Director

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)
☒ State

☐ County of

☐ City of

☐ Multi-County

☐ Other

3. Type of Statement (Check at least one box)
☐ Assuming Office/Initial

Date:

☒ Annual: The period covered is January 1, 2003, through December 31, 2003.

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☐ The period covered is through December 31, 2003.

☐ Leaving Office Date Left: (Check one)

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-or-

☐ The period covered is through the date of leaving office.

☐ Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

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 Schedule A-1 ☒ Yes -- schedule attached
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Investments (10% or greater Ownership)

 Schedule B ☐ Yes -- schedule attached
Real Property

 Schedule C ☒ Yes -- schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

 Schedule D ☐ Yes -- schedule attached
Income -- Loans

 Schedule E ☐ Yes -- schedule attached
Income -- Gifts

 Schedule F ☐ Yes -- schedule attached
Income -- Travel Payments

-or-

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Date Signed

3-21-04

(month, day, year)

Signature

[REDACTED SIGNATURE]

(File the originally signed statement with your filing official.)

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Dolezal	Elizabeth	Ann	(916) 654-2689
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Date Signed 3-21-04
(month, day, year)

Signature _____
(File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Elizabeth A. Dolezal

> NAME OF BUSINESS ENTITY

Cendant Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Hotels, Car Rental Firms, etc

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock

☐ Other

(Describe)

IF APPLICABLE, LIST DATE:

/ / 03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other

(Describe)

IF APPLICABLE, LIST DATE:

/ / 03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

Pfizer Inc Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Pharmaceutical Mfg

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock

☐ Other

(Describe)

IF APPLICABLE, LIST DATE:

/ / 03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other

(Describe)

IF APPLICABLE, LIST DATE:

/ / 03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

Seligman Communications

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Communications

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock

☐ Other

(Describe)

IF APPLICABLE, LIST DATE:

/ / 03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

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NATURE OF INVESTMENT

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☐ Other

(Describe)

IF APPLICABLE, LIST DATE:

/ / 03
ACQUIRED DISPOSED

Comments:

